Adult Immunization Guidelines

Immunizations	
Measles/ Mumps/ Rubella	One dose is recommended for those born in 1957 or later if not previously vaccinated. (A second dose of MMR may be required in some work or school settings)
Tetanus-Diphtheria	Every 10 years after the initial series
Tetanus-Diphtheria-acellular Pertussis	One adult Tdap booster dose after initial series
Influenza[1]	Every year for those 50 or older and for those under 50 that are at high risk[2] for complications of influenza
Pneumococcal	To be given once[3] at age 65 or older and for selected high risk groups[2] under 65
Meningococcal	One dose for selected risk groups.[2] MCV4 is preferrerd over MPSV4 for those 55 years and younger
Hepatitis B	Selected high risk groups[2]
Hepatitis A	Selected high risk groups[2]
Varicella	Consider for any person without a history of disease

[1] In the event of a shortage of flu vaccine, priority should be given to those people 65 years of age or over, health care workers and persons at high risk for the complications of influenza.

[2] Consult your health care provider to see if you are at high risk

[3] Persons aged ≥ 65 years should receive a second dose if patient received vaccine ≥ 5 years previously and were aged < 65 years at the time of vaccination. Immunocompromised persons-Single revaccination if ≥ 5 years have elapsed since receipt of first dose. If patient is aged ≤10 years, consider revaccination 3 years after previous dose.

		Vaccine Type/ Tipo Vacuna	Date/ Fecha	Signature or Stamp Doctor, CNP or Clinic
Tetanus/ Diphtheria Booster (Td) *every 10 years*	**1.**			
	2.			
	3.			
Tdap	**1.**			
Influenza *yearly*	**1.**			
	2.			
	3.			
	4.			
	5.			
	6.			
Additional Immunizations/Inmunizaciones Adicionales				

New York State Adult Immunization Record/
Registro Oficial de Inmunización del Estado de Nueva York

Name/Nombre

/ / M / F

Birthdate/Fecha de Nacimiento Sex/Sexo

Allergies/Medical Problems/ Alergias/Problemas medíco

Physician/Clinic/CNP/Doctor/CNP/Cínica

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		Vaccine Type/ Tipo Vacuna	Date/ Fecha	Signature or Stamp Doctor, CNP or Clinic
Hepatitis A	**1.**			
	2.			
Hepatitis B	**1.**			
	2.			
	3.			
Hep A/Hep B Combination	**1.**			
	2.			
	3.			
MMR	**1.**			
	2.			
Varicella	**1.**			
	2.			
Pneumococcal	**1.**			
	2.			
Meningococcal	**1.**			